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THE

MONTREAL MEDICAL GAZETTE,

BEING A

MONTHLY JOURNAL OF MEDICINE,

AND

THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The following cases are forwarded for insertion in the pages of the *Medical Gazette*, if approved, for the purpose of correcting, in the two first, that senseless, popular prejudice in favor of *immediate bleeding* in all cases of severe and dangerous accidents; and in the two latter, of showing the beneficial effects of preparing a patient, by the complete prostration of strength, by V. S., and the use of the *Tart. Antim. previous to attempting to reduce a dislocation of the hip joint.*

1st. Miss ————, a beautiful girl of fifteen, while incautiously stepping on the edge of a steep precipice to gather some wild flowers, fell over! When assistance reached the spot she was found deadly pale and faint; there was a dislocation, with a fracture of the ankle joint, and a severe injury of the shoulder. A medical gentleman from New York, just arrived, offered his services, and accompanied the party in the dangerous descent to where the fair sufferer lay. *She was immediately bled!* As soon as possible she was removed to the Hotel and visited by two other medical gentlemen in the neighbourhood; shortly after reaching the house she expired. On enquiring the motive for bleeding the patient, the answer was, *mirabile dictu*, "THE PEOPLE COMPELLED ME."*

Whatever the nature or extent of the injuries sustained might be, it is very evident that taking blood away immediately after the accident, and the syncope, was, in fact, "taking life;" the only remedies should have been stimulants, brandy, ammonia, &c.

2nd. Mr. ————, a young gentleman, returning from a pleasant ball and supper about 4, a. m., was thrown from his horse, which, in falling,

* This was "Vox Populi" with a vengeance; it is hoped such may not be heard again.

rolled over him ; he was immediately extricated from his dangerous position by a person near, and assisted to *walk* a few yards to the barn floor, where he was laid down ; complained of *being very faint ;* when visited some hours after the accident, the following alarming symptoms were present : the face and lips *deadly pale*, with an expression of intense internal suffering, referred to *the left side of the chest*, directly over the cardiac region ; the pulse in the right arm and leg, very indistinct, while none could be found in either of the *left side !* He had every appearance of dying from internal hæmorrhage, asked constantly for cold water and air ; no fracture of the ribs or any external appearance of contusion could be detected ; while rolling a strong bandage saturated in some stimulant liquid round the chest, and raising him cautiously for the purpose, he was seized with a violent anœmic convulsion ! " You will bleed him, Sir ?" asked the friends : " Bleed him, no ! certainly not ; bleeding in *this case will be certain death*," was the reply. " Bring me the whiskey bottle ; give him as much as you can." This, alternated with the spirit ammoniæ aromat, was continued at intervals during the day, until the faintness abated. On the following day symptoms of reaction took place, requiring the use of the lancet, leeches, blisters, &c. On this occasion the patient had the advantage of Dr. Lowe's, of Niagara, able assistance and advice ; a gentleman whose skill and knowlege of his Profession, require no aid from the writer to raise his fame and reputation to a high standing in the Profession. After some weeks confinement he was gradually restored to health. It is more than probable that had the chirurgeon in this instance, yielded to *popular clamour*, and been " *compelled to bleed his patient*," shortly after the accident, he also would have " *gone the way of all flesh ;*" fortunately, he had learned that inestimable blessing of being able to say *No !* and he earnestly recommends to his junior brethren of the Profession, (for whose especial benefit " he trims the midnight lamp," and to whom these admonitory lines are addressed,) to practise in the fullest effect of distinctive expression and force ! This simple word No, if founded on skill and judgment, will raise a beginner high in the estimation of the public, who are wonderful adepts in detecting a waverer ! while the abject, grovelling sycophant, trying to please every body, will please no body, and lose his ass into the bargain ! !

3d. A. B. was thrown from a waggon load of hay on the right side, and dislocated the head of the femur on the dorsum ilii ; the characteristics, with the exception of a greater *moveableness* of the limb than usual, were very distinct ; the man was strapped and placed between two strong men, in the erect posture ; there were the anxious expression of pain and suffering in the countenance, *the body bent forward*, the limb shorter, knee and toes turned inwards, the trochanter major considerably higher than the opposite, and the shape of the buttock altogether altered ; assisted by my

kind and intelligent friend, Dr. M'Claghan, Staff Assistant Surgeon to the Royal Rifle Regiment, who rendered us most important aid, and having a goodly number of stout Irishmen, with all the *requisites* at hand, V. S. *pleno rivo* was performed as he stood, and large doses of the solution of tartrite of antimony given freely, until signs of faintness *shewed the desired state of relaxation;* he was then placed on a mattrass on the floor and extension commenced *cautiously and gradually* for some time: the *first effort failed!* the second, by altering the direction of the *pullers*, rotating and raising the head of the bone, *together with an addition of a large dose of the solution*, succeeded *with an audible snap* to the great delight of the patient, doctors and all present. The whole affair lasted about half an hour, and a most satisfactory proof of the value of preparing a patient first.

P. D. while journeying home in a thick fog, at three o'clock in the morning, fell over a precipice forty feet high, on the left side, and dislocated the head of the femur on the dorsum ilii. A medical gentleman in the neighbourhood was immediately called upon, and, with the aid of some men, sheets, &c. *at once commenced the operation of reduction!* as might be expected, he failed, and at his own recommendation another Surgeon was called upon, the former declaring to the bye-standers the *impossibility of success with one!* on examining the patient in the erect posture, there were the *same expression of pain in the countenance, the body bent forwards*, the inversion of the knee and toes, and *a fixture of the limb.* The necessary apparatus and the requisite number of men, (eight;) all ready, he was bled in the erect posture, and well dosed with a plentiful solution of the tartrite of antimony, and when *some effect* was perceived, he was placed on a mattrass on the floor, when the extension, in the same cautious and slow manner, was made and continued, but without the desired effect! The patient, a stout, hardy Canaller, looking the Surgeon full in the face, enquired with much naiveté: "*Is it sick ye're trying to make me*;" "*Certainly.*" "*Then, be Jabers, ye'll not do it entirely*," answered Paddy,—and Paddy was right! *The first effort failed!* The bandage was removed from the arm, another large basin of blood abstracted, and *larger* doses of the solution most liberally administered. The extension again resumed. The head of the bone rotated and raised by a towel passed round the upper part of the limb and carried over the surgeon's neck, while the knee was depressed and rotated—during this *most interesting affair* Paddy was loud in this exclamations that *he would'nt be sick!*" yet the relaxation of the muscular powers was evident, the passage of the head of the bone could be distinctly traced to its place; in a few minutes, he roared out lustily, ye may stop pulling, boys, the bone is in!" and sure enough, Paddy was right again—but there was *no snap or sound* to distinguish the reduction!!!

The singularity of this case was the requirement of two full bleedings and

very large doses of the tartrite of Atimony, without producing, to the fullest extent, that complete prostration of the animal powers, so desirable, previous to attempting a reduction of dislocation of the hip joint.

It is only fair, for the writer, to add, that when the second surgeon arrived at the place, the first was, "*non est inventus, evasit, erupit*" ! and when sent for, as in due courtesy bound, the answer was, "Oh ! he can do it very well himself; he does not require my assistance" !!! These remarks and hints are, of course, only intended to guard against the pernicious and indiscriminate use of the lancet, when syncope follows the accident; where an opposite state is found, the surgeon will not hesitate, it is presumed, to bleed his patient.

Should these observations and remarks, perhaps considered too diffuse and prolix by some, the result of upwards of a thirty six years extensive practice in the old country and Canada, prove beneficial to the junior members of the Profession, and be the humble means of saving only one sufferer from a premature grave, or one poor fellow creature from being crippled for life, the object will be gained, and no trifling degree of sincere gratification bestowed on,

Gentlemen,

Yours, very respecfully

JOHN MEWBURN. M. R. C. S. L.

Danby House, Stamford, M. D.

AUX ÉDITEURS DE LA GAZETTE MÉDICALE DE MONTRÉAL.

MESSIEURS,—Je vous prie d'avoir la bonté d'insérer dans votre intéressant journal la communication suivante, d'un cas remarquable d'une grossesse extra uterine, terminant en la troisième année par expulsion par le rectum d'un Fœtus d'environ six mois et la guérison de la malade.

J'ai l'honneur d'être,

Messieurs,

Votre très obéissant serviteur,

W. A. R. G.

Madame B. de la Paroisse de St. Grégoire âgée d'environ 25 ans jouissante généralement d'une assez bonne santé, devint enceinte pour la seconde fois en le mois d'Octobre 1841, se plaint de symptômes extraordinaires et différents à ceux qu'elle éprouva pendant le commencement de sa première grossesse, ses malaises devinrent de plus en plus insupportables à mesure que la gestation progressait.

Le 5e. mois les mouvements et les autres signes de la vitalité de l'enfant cessèrent, elle éprouva des douleurs comme des coliques accompagnées de faiblesses, de syncôpe, et qui durèrent plus ou moins

jusqu'au mois de Juillet 1842, lorsque je fus appellé, et je la trouvai se plaignant de douleurs aigues dans le bas de l'hypochondre droit et ayant une décharge très alarmante de sang, des intestins..... Elle jouit généralement depuis ce temps là jusqu'au mois d'Octobre dernier d'une assez bonne santé,et je l'ai confié aux soins du Docteur Bourgeois, jeune Praticien Canadien (qui promet devenir un ornement à la profession) de qui je reçus l'histoire de la terminaison de ce cas de cette malheureuse jeune patiente : comme suit.... Je me suis borné dans mon traitement que vous avez mis entre les mains à lui faire prendre de temps à autre de l'huile de ricine et a veiller la marche de la nature afin d'appliquer un prompt traitement contre les inconvéniens qui auraient pu survenir.

Depuis quelque temps chaque période de la menstruation a été accompagnée par une décharge de parties charnues en putréfaction et rarement de parties osseuses le tout par le rectum comme vous savez .. Enfin, le 29e. de Janvier dernier Madame B. étant réglée, comme a l'ordinaire, le squelette ou la plus grande partie du squelette d'un Fœtus s'engagea dans le rectum et il s'en suivit un grand désir d'aller à la selle. Cependant lorsque le corps en fut venu à franchir l'anus, la malade eut des douleurs déchirantes, causées, sans doute, par l'extrémité des côtes du Fœtus qui étaient aigues et piquantes. Découragé par les douleurs et les instances de son épouse, M. B. se mit à faire des tractions sur le squelette, déjà expulsé en partie et qui la malade ne pensait être autre chose qu'un amas de matières fœcales denses. Aussitôt que son mari connut la nature du corps engagé dans le rectum il se hata de m'envoyer chercher, et je me rendis promptement. Lorsque je fus arrivé, je trouvai Madame B. à demie morte de frayeur. Le col du Fœtus avait été rompu par les tractions, emmenant avec lui l'occiput qui s'était séparé des autres os du crâne et qui était fortement attaché à l'atlas ; moins il était à présumer (et c'était aussi le cas) que la tête était retenue dans le rectum, car elle y sentait une tumeur qu'elle disait être ronde et qui l'empêchait de s'asseoir. Je voulus la persuader de se soumettre à l'extraction de la tête retenue au delà du *sphincter ani*, mais fatiguée de tant de douleurs qu'elle avait soufferte et encore plus par la crainte et l'inquiétude, elle me pria de la laisser reposer quelque temps, je lui donnai une dose d'huile de ricine et je m'en retournai chez moi, lui recommandant de m'envoyer quérir dans trois ou quatre heures, si la tête n'avait pas été encore expulsée.

Mais heureusement deux heures après elle sentit le désir d'aller à la selle et dès les premiers efforts, quatre os de la tête franchirent le *sphincter ani*; ces os sont les deux temporaux,une des pariétaux et le sphénoïde, les parties du squelette expulsées avant mon arrivé, sont, les 24 vertebres, assez fortement liés ensemble, huit côtes du côté gauche avec l'omoplate et la clavicule du même côté, cinq côtes du côté droit,

enfin l'occiput fortement attaché à l'atlas, les côtes sont seulement attachées à la colonne vertébrale, leurs autres extrémités sont libres et dépouillées de leur cartilage ; on y distingue très bien le foie et l'estomac, ainsi que des vestiges d'intestins, le tout ressemblant un *pas de cimetière*.

Les organes du thorax sont presqu'entièrement disparus, exceptés quelques traces des poumons mais aucuns vestiges du cœur.

Le lendemain un *humerus* un *femur* et un *tibia* furent expulsés, mais rien a été renvoyé depuis.

Malgré qu'on n'a pu rassembler toutes les parties osseuses du Fœtus, je suis cependant porté à croire que Madame est entièrement délivrée de sa grossesse extra-utérine et je pense que les os qui manquent ont été expulsés enveloppés de parties charnues et ont été ainsi dérobées à nos recherches. Depuis ce temps là elle s'est trouvée bien soulagée.— Vers la fin de Juin elle subit une grosse fièvre et des douleurs aigues dans le ventre, mais ces symptômes se sont terminés par la menstruation naturelle.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I beg again to draw the attention of your readers to the case of Catherine R———, which I related in the 9th number of your periodical. I regret that I am unable to give you any detail of the case since the beginning of January, at which time I discontinued my attendance at the hospital ; I am, however, informed by the House Surgeon, that she has been twice subjected to the mesmeric influence, after each of which occasions, her bowels were freely evacuated, which are the only times they have been moved for three months.

While on the subject of torpor of the bowels, consequent upon Hysteria, I shall notice a case which came under my care in the beginning of September of last year.

Isabella E———, ætat 21, a married woman, with one child, about a year old, separated from her husband for nearly the same period, and only a few weeks in this country ; was admitted into hospital for amenorrhœa, (not having seen her catamenia for five months) she also complained of severe and almost constant headache, and pain of her spine, principally of the Dorsal region, and also under the left mamma, any pressure over the former region, increasing the pain in the side; there was also a slight fulness and hardness in the left hypochondrium, attended by pain on pressure. Her bowels were torpid, stomach irritable, with nausea ; she occasionally complained of dysuria, her countenance was chlorotic and dejected, and her spirits depressed ; in other respects she did not appear out of health.

The treatment at first pursued was cupping and blistering over the spine, and other painful parts, with frictions of antimonial ointment, exhibition of

aloetic and other purgatives, Tonics' as iron and the oxyde of silver, tincture of assafœtida, valerian and guaiacum; these remedies in general procured temporary relief, but the symptoms soon returned, varying in degree of severity and prominence. Her bowels continued torpid, and her stomach nauseated almost every kind of purgative, generally retaining them but for a very short period, rendered it very difficult to act on the bowels; a variety of enemata were used, the fœtid, terebinthinate, common &c. in aid of the purgatives. About the beginning of November, her bowels became unusually torpid, and remained uninfluenced by the treatment for ten days. After being irregularly and unsatisfactorily opened for a few days, they again became obstinately confined for about eight days, resisting the action of Croton oil, scammony, gamboge, calomel, jalap, together with enemata. A large dose of opium was given, in hopes to overcome any spasm that might exist; after this period they again became obstinate, and were not moved for 30 days, although the same active treatment was persisted in, and copious enemata were thrown up once or twice a day, by means of the æsophagus tube, passed up twenty-four inches into the bowels; blisters were applied over the abdomen, strychnine, combined with croton oil and extract of colocynth, was continued several days; the treatment towards the close of my attendance was restricted to large and frequent enemata thrown up by means of the æsophagus tube, when at last the bowels yielded and copious fæculent evacuations were for several days procured daily to her great relief, the tumefaction and pain of the abdomen subsiding proportionately. This fortunate condition continued for about a week, at the expiration of which time, my period of attendance at the Hospital having terminated, I lost sight of the case; except by an occasional visit. I find that since that period her bowels have not been once opened—now nearly four months; the abdomen is irregularly tumid, particularly in the umbilical and left iliac region, and is also very painful to the touch. Her health does not appear to suffer, although her countenance is expressive of distress; her headache and other pains continued, although in some measure overwhelmed by the abdominal distress; she has not menstruated for twelve months.

Cases of obstinate constipation connected with hysteria, somewhat similar to the above are recorded in the 11th volume of the London Medical Gazette, pages 246 and 352; one of which did not yield to the remedies for four months, while another continued for *seven months!* shortly after which time the patient met with an accident, which together with the impaction of the bowels, brought on inflammation, of which the patient died.

I am, gentlemen,

Your obedient servant,

J. CRAWFORD, M. D.

St. James' Place, 21st March, 1845.

MEDICAL REFORM,

On the 25th February last, Sir J. Graham moved for leave to bring in his bill for the better regulation of medical practice throughout the United Kingdom. The measure had three leading objects to which he adhered: – 1st. The establishment of a Council of Health, which would give him the general control of all the medical and surgical bodies in the United Kingdom, and which would be so constituted as to assist to give advice to the Executive Government in all cases affecting the health of the community. 2nd. To secure to all medical practitioners throughout the United Kingdom equal facilities for practice, and at the same time, to secure to the public an equality of attainments. 3d. To give to the public the guarantee, that the practitioners had undergone the necessary examination, and had come up to the required standard of medical and surgical skill. The alterations that he proposed to make in the Bill printed last year were principally these:—1st. To repeal the act of Henry VIII, which gives the Rôyal College of Physicians, the exclusive right to practise in London and within seven miles of it, only with respect to practitioners registered under the Bill, leaving an exception for those who had graduated at Oxford and Cambridge, in the hope that some arrangement would be made, by which they would come under its operation. 2d. To repeal a part only of the Apothecaries' Act, so far as would affect parties registered under this Bill, thus leaving all existing penalties untouched, for which the Society of Apothecaries might go if they pleased. 3d. To make it a misdemeanor for every unregistered person to pretend to be authorized to practise as a Physician, Surgeon, Apothecary, Doctor or other recognized designation. 4. To repeal that part of the Apothecaries' Act which renders it necessary for the examiners to be of the civic Guild of London, and in lieu thereof, that they should be general practitioners of ten years standing. 5. That 25 years shall be the age at which a person shall be deemed qualified to practise as a Surgeon, unless he had passed his examination as a licentiate. 6. That the Council of Health should make provision for an examination in Midwifery.

The Right Honorable Baronet advised the general practitioners to be satisfied with their connection with the College of Surgeons, and not to insist on a separate charter ; and he adhered in substance to his last year's purpose as to the constitution of the Council of Health.

Mr. Wakley expressed his entire satisfaction at the proposed alterations.

The second reading of the Bill was fixed for the 2nd April. Sir J. Graham also obtained leave to bring in a Bill to enable Her Majesty to grant new charters to certain Colleges of Physicians and Surgeons. He said that the principal object of these charters was to facilitate the operation of the measure, which he had just obtained leave to introduce.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN:—The importance of the science of Statistics is now so universally allowed, that I am certain I have only to hint that a statement of the admissions, births, presentations, and deaths (if any) of both mothers and infants, and the causes of such accidents, in the two Lying-in Hospitals of our good City for the last six months, if not from other establishments, would be of infinite instruction and benefit to the profession, for you to use your influence in obtaining the publication of them from Drs. McCulloch and McNider in an early number of your Journal, and obligé yours, AN ENQUIRER.

March, 26th 1845.

We are extremely happy in being able to inform an Enquirer, that Dr. McNider, with a willingness which does him credit, has promised to furnish the profession, through our pages, with a statistical report of the cases admitted into the Montreal Lying-in Hospital since its commencement. We have long wished, that similar reports from all the public Charities in this Province, could be obtained. We are endeavouring to effect the object. EDS. M. M. G.

TORONTO LUNATIC ASYLUM.

DR. REES' REPORT TO THE COMMISSIONERS.

The admission of patients into this Institution during the twelve months ending 31st August 1844, amounted to 57—36 males and 21 females.

There remained in the Ayslum last year 29 males and 22 females in all 108 patients, of which number 24 have been discharged cured—10 have been discharged relieved or removed—7 are convalescent—5 have died, and 69 remain.

Of those remaining last year 15 were afflicted with monomonia—24 with mania—8 with dementia or fatuity, and 4 with idiocy.

Of those since admitted 22 suffered from monomania,—32 from mania, and 3 from dementia.

Of the twenty-four patients discharged 2 females had been afflicted from 2 to 4 years. Two males and one female from 2 to 3 years, and the affliction in three took place within one year. The remainder being sent chiefly from District Jails, no information of their cases, as usual, could be obtained.

Two of the deaths occurred from protracted and complicated disease of the abdominal viscera, two from cerebral disease, and one from external injury of the head, for which he had been some months professionally treated (as frequently occurs) previous to his admission into the Asylum.

Of the 347 patients (as per returns rendered), namely from the commencement of the Institution, 21st January, 1841, to 1st September 1844 (idiots and incurables included) 21, or 6½ per cent of the num-

ber have died,—113, or 32½ per cent. were discharged cured—48, or 14 per cent. were discharged relieved, or removed by their friends—15 were re-admitted from fresh attacks—7 are convalescent, and 6 remain in the Asylum.

93 patients were brought to the Asylum within twelve months of the attack, of whom 79, or 85 per cent. were discharged cured, and 8, or 8.6 per cent. died.

59 patients were admitted who had been afflicted from one to five years, of which 18, or 30½ per cent. were discharged cured, and 11 or 18.6 per cent died.

Of the recent cases admitted, 60 were discharged cured within three months of their admission—18 within six months—12 within 9 months, and 8 within twelve months.*

Of old cases cured, 8 were discharged of from one to two years duration, 6 of from 2 to 3 years, and 4 from 3 to 5 years.

Of the re-admissions, from relapses, which took place in most instances from intemperance or exposure to the ordinary exciting causes, 8 were males and 7 were females.

Of the 69 patients remaining 28 males and 24 females are old cases, or such as have labored under the disease from 1 to 10 years, 9 are in a state of dementia or fatuity, and 4 are afflicted with congenital idiocy.

The disorder in 11 patients was complicated with epilepsy—in 6 with delirium tremens—in 25 with intermittent fever—in 8 with diseases of the heart and lungs and in 19 with remittent fever—in 13 with surgical or local diseases.

Of those who suffered from mania or the more acute form of the disease, 85 were males, and 36 were females.

Of those who suffered from monomania, 84 were males and 51 were females.

150, or 43 per cent. arose from physical causes—52, or 15 per cent. from moral,—and 24 or 7 per cent from hereditary.

In the better class or pay patients nearly 50 per cent. were hereditary.

So far as could be ascertained of the age and civil condition,

6 males were under 20 years of age,
55 " " between 20 and 30,
31 " " " 30 " 40,
23 " " " 40 " 50,
10 " " " 50 " 60,

Of the females 7 were under 20 years of age,
24 between 20 and 30,
30 " 30 " 40,
23 " 40 " 50,
8 " 50 " 60,

The remainder being sent from District Jails, no particulars of their cases could be acquired.

* These calculations are made by the nearest whole number.

64 males, or 19 per cent. were married,
76 " or 22 " " single,
7 " " widowers,
3 " " blind,
1 " deaf,
2 " dumb,

Of females 72, or 21 per cent. were married,
" 36 or 10 " " single,
" 17 were widows,
" 5 had been deserted by their husbands,
" 8 Orphans
" 1 afflicted with loss of speech,

2 males and 2 females were people of colour.

Of the deaths 2 occurred from apoplexy,
4 from atrophy,
1 " bilious diarrhœa,
2 " pulmonary consumption,
1 " dropsy of the chest,
6 from inflammation of the brain,
4 " chronic inflammation of the abdomenal viscera,
1 " external injury of the head.

Included in the above is the patient reported last year as having cut off his arm with an axe, also the patient who from injury and exposure had suffered amputation of his legs.

The autopsy in the whole of these cases (which was conducted in the presence of several medical gentlemen) exhibited disease of the brain to a greater or less extent, and in several throughout their entire structure.

Appended to this report are tables exhibiting the causes of the affliction, as far as it was practicable to ascertain them, as well as the trades or occupations of the patients—their religion and place of nativity.

The medical treatment which has been pursued at this Institution from the commencement up to the present period, as before described, consists in the exclusion and removal of all external causes of irritation, and in reducing and tranquillizing inordinate action of the vascular, nervous and voluntary systems, by the most energetic means, local and general, and by attention to regulation of the animal functions.

It has been found to a certain extent necessary to employ this treatment with the class usually termed incurable—cases in which the progress of the disease has been arrested sufficiently to prevent their lapsing into a state of fatuity ; and thus rescued, the Institution remains up to the present period, exempt from any of the painful cases of the loss of the voluntary powers, which would render them a burden intolerable, both to themselves and to the Institution, during the remainder of their lives.

As regards the system of moral treatment and mode of classification the extremely limited accommodation of the present building almost precludes the adoption of either the one or the other.

The convalescent patients are regularly exercised, when the weather permits, through the more retired parts of the City and its vicinity.

A large swing exists in the Court yard; books and a few objects of attraction and amusement are occasionally supplied.

Others are usefully employed in sewing or house-work.

Appropriate appartments are afforded to the more respectable class, and the noisy and refractory are excluded whenever circumstances render it necessary. Vigilance on the part of the attendants is strictly enforced, throughout the establishment. Mechanical restraints have never been introduced. It will be observed by the ordinary returns that the patients received have been sent from nearly every part of Canada West, and it is proper here to observe that as they were for the most part cases of great exigency, it became absolutely necessary to afford accommodation for a much greater number of patients than the building was originally estimated to contain. Through these means, however, it will be satisfactory to learn that in no instance has any admissible case been excluded for which application had been made.

The numerous and painful difficulties under which the present establishment has for so long a period suffered, particularly with respect to the moral treatment of the patients, and of affording pure air and the means of exercise to those who are convalescent, induce me to suggest to the Commissioners the propriety of making an early application for a temporary building to be provided on the proposed site of the permanent Asylum by which the greater portion of the male patients might be employed both beneficially to themselves and profitably to the Institution...a means of relief which might be extended with equal advantage to the Province, as it appears by the population returns that nearly 300 Lunatics (supposed to be incurable) remain yet unprovided for, a great portion of whom, it may reasonably be presumed, could be at least sufficiently restored to prove no longer burthensome to the public.

Should this suggestion appear worthy of attention, a circular containing the necessary queries should be addressed to the various Districts with the view of eliciting the precise nature of all such cases as they may respectively possess, and to whose support, it may be reasonably supposed, such Districts would gladly contribute, until the permanent building shall have been erected.

Possessed at length of an unexceptionable site as regards its natural advantages, and one susceptible of every modern improvement, the future results of treatment, it is to be hoped, may yet more fully realize the just expectations of the Public, whilst the very arduous and onerous duties devolving upon the medical and other attendants must necessarily be followed by a corresponding degree of relief.

It only remains for me to claim for the present establishment existing nearly four years and supplying as nearly as practicable all the advantages contemplated by the permanent Asylum, such wholesome regulations at least, as obtain in all similar establishments, as well as such additional professional assistance as both its efficiency and the protection of its character imperatively demand.

WM. REES.

Toronto, 1st September.

UNIVERSITY OF NEW YORK.

The ceremony for conferring the degree of M. D., upon the candidates for graduation for the session 1844—45, took place in the beautiful chapel of the University, on Wednesday; and having been present on the occasion, we take much pleasure in recording our feeling of gratification on the triumphant evidence which this, the fourth medical commencement of the Institution, furnished of its unparalleled success and prosperity.

After a beautiful prayer by the Rev. Cyrus Mason, D. D., the Chaplain of the Medical Faculty—the Chancellor of the University, the Hon. Theodore Frelinghuysen—after a few observations on the great prosperity of the Medical Department—announced to the assembly that he had been commissioned by the Council of the University to confer the degree of M. D., on ONE HUNDRED AND TWENTY candidates, who, having passed, with honour to themselves, their examination, had been recommended to the Council for the Doctorate. We were much interested, on the reading of the list. It would seem, that not only had every State and Territory of this Republic sent on their quota to this most flourishing Medical Insititution, but not only that, even the subjects of Queen Victoria had furnished from the Canadas, Nova Scotia, New Brunswick, and the West Indies, a large representation. When the very superior facilities which New York affords to her Medical students are considered, this was to be expected; and we are convinced that the Medical Department of the University of New York requires only to be known, to attract from these countries increasing numbers. After the Chancellor had conferred the degrees on the candidates, Gen. Tallmadge, the President of the Council, gave a most interesting accout of the prosperity of the Medical School. He stated, that it had only now terminated its fourth session, and that the fact that the fourth Class which had assembled in its Halls, had numbered 378 students, and had furnished 120 graduates, proved that its prosperity was without a paralled, either in this country or in Europe. Wonderful as this success was, it was easy of explanation. *First.* Therewas no city in the Union which could afford to the Medical Student the same facilities and advantages for study as the city of New York. Its Hospitals, Infirmaries, and Dispensaries were on the largest scale, and its opportunities for the study of Practical Anatomy were not surpassed even by those of Paris. *Secondly.* The Council had appointed a Faculty of Medical Professors, of whom they justly felt proud, and who, by their energy, talents and their zeal, had more than realized the most sanguine hopes and expectations of the friends of the University. It was only, he added, necessary to name the members of the Faculty—men whose reputations were not confined to the Scavans of Europe, to prove the attractions of this Medical School. They were Valentine Mott, Granville S. Pattison, John Revere, Martyn Paine, Gunning S. Bedford and John Draper. The ceremonies concluded with a most chaste and beautiful Address to the graduates, by Dr. Draper. We trust it will be published.

ACADEMIE DES SCIENCES.

M. Amussat a communiqué à l'Académie le résultat de nouvelles recherches sur les blessures des vaisseaux sanguins. Le travail de ce chirurgien se termine par les conclusions suivantes:

1° Lorsqu'une artère coupée en travers dans une grande plaie cesse spontanément de donner du sang, c'est une erreur de croire que c'est par le spasme, l'éréthisme, la contraction de l'artère que ce phénomène survient comme on le professe généralement.

2° La cessation de l'hémorragie est produite par un obstacle physique, par un caillot sanguin qui ferme et obstrue complètement l'extrémité du vaisseau.

3° En observant une artère divisée complétement, on voit tout d'abord qu'elle donne à plein jet, et on distingue le bout du vaisseau saillant au-dessus du niveau de la plaie. Bientôt on observe une saillie rouge, conique et le jet diminue. Enfin il cesse entièrement, et l'on apperçoit alors une petite saillie rouge, mamelonnée, une sorte de moignon qui est soulevé à chaque pulsation du cœur. C'est le caillot spontané ou bouchon obturateur que l'on observe également sur l'homme comme sur les animaux.

4° Ce caillot spontané n'es pas simplement un bouchon, comme je l'avais d'abord supposé. C'est une espèce de capuchon ou cône creux, sondé et identifié avec le rebord ou le pourtour de l'ouverture artificielle et particulièrement à la membrane celluleuse. Il résulte de cette disposition que le tube artériel se prolonge dans le caillot et se termine en cul de sac. Si l'on coupe transversalement ce caillot conique à différentes distances entre son sommet et l'extrémité de l'artère divisée, on trouve un trou ou canal central dont le diamètre diminue à mesure qu'on s'éloigne de la section du vaisseau. Ce fait explique parfaitement la diminution progressive du jet de sang et l'obturation complète de l'artère.

5° Le fait de la formation du caillot spontané obturateur est d'une grande importance pratique pour les chirurgiens ; car, au lieu de chercher l'orifice béant d'une artère divisée comme on l'enseigne dans les cours et dans les livres, ils devront chercher un caillot et non pas une *lumière* artificielle, comme sur les cadavres après les manœuvres opératoires.

6° La difficulté de trouver un vaisseau obturé par un caillot lorsqu'on n'a pas appris à le reconnaître sur les animaux vivants et les accidents graves qui en résultent, doivent engager les chirurgiens à faire des études auxquelles on ne peût se livrer ni dans les livres, ni sur le cadavre, ni en opérant sur l'homme, mais seulement en ayant recours aux vivisections.

7° Enfin, mes expériences et les faits observés sur l'homme prouvent qu'il ne faut pas trop se hâter d'abandonner les recherches auxquelles on s'est livré pour trouver un vaisseau que l'on croit obturé définitivement, car des hémorragies graves peuvent survenir malgré la compression et le tamponnement. Les fait malheureux abondent à l'appui de cette proposition.

—Nous trouvons dans les *Annales de la Société de Médecine de Gand*, le résultat d'expériences comparatives faites par le docteur Coppez, pour empêcher les marques de la petite vérole.

M. Coppez a surtout employé le soufre et le mercure en frictions. Sur cent observations relatives au premier de ces topiques, il en cite quatorze qui lui permettent de conclure : 1° que les préparations sulfureuses n'arrêtent pas la marche des boutons ; 2° qu'elles enraient souvent les progrès de l'inflammation de la peau, mais que cela n'a pas toujours lieu ; 3° que le souffre irrite la conjonctive, malgré les précautions prises pour ne pas toucher les yeux ; 4° enfin que dans les vraies varioles confluentes, il n'empêche pas les cicatrices quoiqu'il les rende cependant moins profondes.

L'onguent mercuriel, au contraire, appliqué dès le début de la maladie, empêche la suppuration des pustules, les resserre et les racornit. L'emplâtre de Vigo surtout, prévient non-seulement leur suppuration, mais encore l'éruption, et diminue, par conséquent beaucoup la gravité de la maladie. Sur ce point, les faits rapportés par M. Coppez sont tous confirmatifs des conclusions publiées par Zimmermann et Rozen, par M. Serres, et plus récemment, par MM. Briquet et Nonat.

Il résulte de ces diverses expériences que l'emplâtre de Vigo est le meilleur topique pour empêcher de faire avorter ou arrêter le développement et prévenir les cicatrices de la variole. Il paraît même être le seul agent qui procure un résultat identique et assuré, sans offrir le plus mince inconvénient, ni chez les enfants, ni chez les adultes.

POLYPE MUQUEUX DES FOSSES NASALES, TRAITE' PAR L'EMPLOI COMBINE' DE LA DILATATION ET DE LA CAUTERISATION.

L'observation suivante, à laquelle se rattache un point important du traitement des polypes, a été publiée par M. le Docteur Cayrel fils, dans le *Journal de Médecine et de Chirurgie de Toulouse.*

Un homme âgé de 40 ans portait depuis plusieurs années un polype muqueux à chaque fosse nasale. Deux opérations avaient été faites, mais après chacune d'elles, les cavités du nez n'avaient pas tardé à se remplir, et bientôt le malade s'était trouvé aussi peu avancé qu'auparavant. Mr. Cayrel fils songea alors à la cautérisation. Cherchant donc un moyen plus propre à porter le caustique que les procédés employés jusqu'ici, afin d'agir directement et sans danger sur toute la muqueuse altérée, il pensa par analogie à l'instrument de Ducamp. Il se servit, une première fois, d'un porte-caustique en gomme élastique, avec lequel il commença les cautérisations. Il augmenta graduellement le volume de l'instrument, et, pour compléter l'analogie, à mesure qu'il cautérisait il dilatait avec des bougies introduites jusqu'à l'ouverture postérieure des fosses nasales. Dans les derniers jours du traitement, le malade introduisait lui-même avec facilité, et laissait à demeure fixe, pendant plusieurs heures, une portion de sonde œsophagienne.

De cette observation, M. Cayrel a conclu :

1° Que dans le traitement des polypes muqueux, il ne suffit pas de débarrasser le malade de son infirmité ; qu'il faut encore un traitement consécutif qui le préserve d'une réapparition ;

2° Que reconnaissant pour cause des polypes muqueux un état pathologique de la muqueuse nasale, c'est particulièrement cette muqueuse qu'il faut modifier ;

3° Que le meilleur modificateur des muqueuses étant le nitrate d'argent, il doit être préféré dans cette circonstance;

4° Que par analogie, dans certains cas d'occlusion des narines à la suite de l'opération du polype, comme dans toute autre maladie analogue, la cautérisation avec un instrument semblable au porte-caustique de Ducamp,et la dilatation avec les sondes de gomme élastique peuvent être efficacement employées.

Réflexions. Le raisonnement de M. Cayrel peut être juste, mais ses conclusions sont-elles rigoureusement déduites du fait qui précède ? il nous semble qu'on en peut douter. Deux choses en effet sont à remarquer dans l'observation recueillie par ce praticien ; d'une part, l'occlusion des fosses nasales ; de l'autre, l'existence d'un état pathologique constituant le polype. Or nous voyons que l'introduction des sondes de gomme élastique a rétabli assez largement le passage de l'air à travers ces cavités. Ce moyen avait été conseillé par Boyer, dans les cas d'épaississement de la muqueuse nasale, et il pouvait être également indiqué ici. Mais peut-on dire, que le polype ait été complétement détruit par la cautérisation ? n'en restait-il plus de traces ? s'est-il écoulé un laps de temps suffisant pour constater la non réapparition de la maladie ? M. Cayrel n'en parle pas ; et cependant c'était là, suivant nous, le point important de la question. Sous ce rapport, l'observation de M. Cayrel est incomplète, et nous le regrettons d'autant plus que si la cautérisation justement proscrite pour les cas de polype fibreux, charnu, carcinomateux est insuffisante pour détruire les polypes vésiculeux, il ne nous répugne pas d'admettre qu'après l'arrachement elle peut être employée avec succès. Nous croyons surtout que le procédé mis en usage par M. Cayrel doit contribuer à l'efficacité de la cautérisation ; mais encore une fois ce ne sont là que des suppositions plus ou moins raisonnables, et qui manquent de faits à l'appui pour être érigées en préceptes.—*Journal de Med. et Chir.*

NOUVEAUX CAS D'ETRANGLEMENT HERNIAIRE GUERI PAR L'EMPLOI DU TAXIS ET DES IRRIGATIONS D'ETHER.

M. Chabrely a publié dans le *Bulletin Médical de Bordeaux* deux observations qui viennent confirmer l'utilité des irrigations d'éther pour réduire la hernie étranglée.

Dans le premier cas, il s'agissait d'un vigneron âgé de 52 ans, qui présentait une tumeur dure, marronnée, du volume d'une grosse noix très-douloureuse, le traitement fut dirigé de la manière suivante :

Saigné du bras de 600 grammes ; emploi du taxis pur et simple,